

POSITION	ID NO.	DATE
CLASSIFIER	21	9/13/93
EXAMINER	319	9-15-93
TYPIST	319	9-20-93
VERIFIER	388	9-31-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
1	Original
1	1-17-93
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SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through number) ..... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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Best Available Copy